

Corrected 2-4-10

RECEIVED
By Carol Day at 12:51 pm, Jan 20, 2010MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN
66002343DATE OF INSPECTION
01/12/2010LOCATION OF INSTRUMENT (STREET AND CITY)
Charlack PD, 8401 Midland Blvd, Charlack, Mo. 63114TIME OF INSPECTION
22:26

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DVM TEST: (350 ± 150) 366☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK☒ CHARACTER DISPLAY TEST OK☒ PRINT TEST (PRINTOUT ATTACHED) OK☒ TIME AND DATE 22:26 01/12/2010☒ CALIBRATION CHECK —

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

☒ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1	0.097%	TEST 2	0.098%	TEST 3	0.099%
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☒ SIMULATOR TEMPERATURE (34° ± .2°C) 34 Degrees C☒ PERFORM RFI TEST (PRINTOUT ATTACHED) OK☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	0	0-04	0	05-09	0	10-14	1	15-19	1	Over 19	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Verified calibration

RepCo. Marketing 0.100% solution Lot# 09001 Bottle# 1144 Expires: 04/22/2011

INSPECTING OFFICER

SIGNATURE

Det. Eric Sontheimer # 64

PRINT NAME

Det. Eric Sontheimer # 64

TYPE II PERMIT NUMBER/EXPIRATION DATE

820316 Expires 11/13/2010

TELEPHONE NUMBER

(314) 427-4715

MO 690-1355 (9-94)

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